



APPLICATION FOR INDUSTRY-SPONSORED SATELLITE ACTIVITIES

HELD CONCURRENTLY WITH THE STSA ANNUAL MEETING

DEADLINES:

Event Listing in the STSA 66th Annual Meeting Program Book* - August 2, 2019

No applications will be considered on or after September 1, 2019.

COMPANY CONTACT INFORMATION:

Exhibiting Company: _____

Marketing or Medical Education/Communication Co. Name: _____

Primary Contact: _____

Primary Contact: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

LOCATION:

JW Marriott Marco Island Beach Resort, Marco Island, FL

MEETING TYPE:

- Focus Group
 Investigator Meeting
 Accredited CME Activity
 Other Satellite Activity

NUMBER OF ATTENDEES ANTICIPATED: _____

SET-UP REQUIREMENTS:

- | | | | |
|---------------------|---------------|------------------------|------------------------|
| _____ Conference | _____ Theater | _____ Cocktail Rounds | _____ Attached Diagram |
| _____ Square | _____ Stage | _____ Standing Lectern | _____ Head Table # of |
| _____ Hollow Square | _____ Round | _____ Table Lectern | People |
| _____ School Room | _____ U-Shape | _____ AV Required | |

REQUESTED DATE AND TIME BLOCK: Please check one.**

_____ Wednesday, November 7 3:00 p.m. - 7:00 p.m.

_____ Thursday, November 8 5:30 p.m. - 7:30 p.m.

*Not applicable to focus groups or investigator meetings.

**STSA reserves the right to modify meeting times and will notify exhibitors if this occurs. Exhibitors are not required to use the full time slots indicated above.

FEES:

The fee for satellite activities is \$500 per scheduled meeting. Attendee participation in these meetings is by invitation only. Focus groups and investigator meetings will not be listed in the STSA Program Guide.

A focus group is defined as a form of qualitative research in which participants are asked about their perceptions, opinions, beliefs, and attitudes regarding a product, service, concept, advertisement, or idea. Questions are asked in an interactive group setting where participants are free to talk with other group members.

An investigator meeting is defined as a meeting given by a clinical trial sponsor to conduct protocol and Good Clinical Practice training and allow participants an opportunity to ask questions about clinical trial conduct. The meeting typically includes clinical research associates, clinical research coordinators, clinical investigators, medical monitors, quality assurance team members, and senior management.

The fee must be submitted along with the completed application form. Applications will not be processed without payment. The application fee will not be deposited or charged until after the event is approved. After that time, the relevant cancellation policy applies. *STSA is not responsible for any costs incurred in association with any aspect of the satellite activity.*

PAYMENT METHOD:

Check payable to: Southern Thoracic Surgical Association Tax ID: 36-3181838

Credit Card: MasterCard American Express Visa Amount to be Charged: \$ _____

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize STSA to charge the total fee indicated on this form to the above-referenced credit card.

Signature: _____

Print Name: _____

PROMOTIONAL LISTING IN THE STSA 66th ANNUAL MEETING PROGRAM BOOK*:

Received on or before August 2, 2019 ___ Yes, list approved activity. ___ No, do not list approved activity.

**Not applicable to focus groups or investigator meeting*

INDUSTRY-SPONSORED SATELLITE ACTIVITIES 2019

Application will not be processed if the below requested information is not complete.

1. Title of the event (Indicate the exact title of the satellite activity. Title cannot be changed once submitted.):

2. Will CME be provided for this activity? ____ Yes ____ No

3. Rationale for holding the event:

4. Brief narrative description of the proposed event:

5. Program agenda: (Outline with times required)

6. Names of confirmed speakers (if any):

7. Contact name(s) of all commercial supporters of the event:

Contact name: _____
Company name: _____
Mailing address: _____

Phone: _____
E-mail: _____

Contact name: _____
Company name: _____
Mailing address: _____

Phone: _____
E-mail: _____

Contact name: _____
Company name: _____
Mailing address: _____

Phone: _____
E-mail: _____

8. Submit copies of contracts/letters of agreement between commercial supporters and event organizers.

THIS INFORMATION MUST BE ATTACHED.

Application will not be processed if the information requested on pages 1-3 is not complete.

By signing this Application, I represent and warrant that I am authorized to act on behalf of the funding organization and medical education/communication company (if applicable) specified below with respect to this Application; that all information provided on this Application is complete and accurate to the best of my knowledge.

FUNDING ORGANIZATION

ORGANIZATION NAME

DULY AUTHORIZED REPRESENTATIVE NAME (PLEASE PRINT)

DULY AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

MEDICAL EDUCATION/COMMUNICATION COMPANY (IF APPLICABLE)

COMPANY NAME

DULY AUTHORIZED REPRESENTATIVE NAME (PLEASE PRINT)

DULY AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

* * * * *

**Applications should be returned to:
Meagan Reichstein, STSA Exhibit Manager
Southern Thoracic Surgical Association
633 N. Saint Clair St., Suite 2100
Chicago, IL 60611
mreichstein@sts.org
312-202-5838**

FOR STSA USE ONLY:

APPROVED: _____ DATE: _____ ROOM: _____